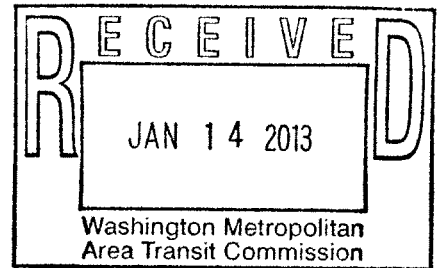


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

132	Madison Limousine Service, Inc., t/a Madison Limo			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
2230 Gallows Road, #360		Dunn Loring	VA	22027-1174
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 90		Falls Church	VA	22043-0090
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(703) 534-9700		(703) 534-9704	mike@madisonlimous.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

886476		167	
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. M. Mike Hajoun	President
*Name *Title	
(703) 534-9700	(703) 534-9704 mike@madisonlimous.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

M. MIKE HAJOUN

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)



*Signature

1/9/2013

*Date

Washington Metropolitan Area Transit Commission

WMATC NO: 132

2013 Annual Report: Revenue Vehicle List

Name: Madison Limousine Service, Inc.

Trade Name: Madison Limo

Fleet No.	Model Year	Make	VIN No.	Plate	State Registered	Capacity
✓ 10	2000	Ford	1 FDXE45S4YHB54026	51440 P	VA	25
✓ 12	2001	Ford	1 FDXE45SX1HB34112	51441 P	VA	15
✓ 14	2001	Ford	1 FDXE45F51HA68020	51447 P	VA	15
✓ 15	2001	Ford	1 FDXE45F51HA62749	51448 P	VA	25
✓ 16	2000	Ford	1 FDXE45F6YHB38204	51442 P	VA	25
✓ 17	2000	Ford	1 FDXE45F4YHB38203	51444 P	VA	25
✓ 18	2000	Ford	1 FDXE45F9YHB64800	51445 P	VA	25
✓ 19	2000	Ford	1 FDXE45FXYHB68614	51446 P	VA	25
✓ 20	2001	Ford	1 FDXE45F01HB69916	51443 P	VA	25
✓ 31	2013	IC HC	5WEXWSKK9DH044719	54734P	VA	29
✓ 32	2013	IC HC	5WEXWSKK7DH044735	54734P	VA	29
✓ 33	2008	IC HC	4DRASAAL98H517058	54736P	VA	33
✓ 1	2006	Mercedes	WDBNG75J96A479449	XTH 3235	VA	4
✓ 2	2008	Cadillac	1 G6KD57YX8U199989	H517775	VA	4